Announced Inspection Report: Independent Healthcare

Service: The Aesthetic Clinic by Fiona Sutherland
Service Provider: The Aesthetic Clinic by Fiona Sutherland Ltd

29 June 2022
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www.healthcareimprovementscotland.org
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1    A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to The Aesthetic Clinic by Fiona Sutherland on Wednesday 29 June 2022. We spoke with the owner (practitioner) during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For The Aesthetic Clinic by Fiona Sutherland, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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</table>
### Key quality indicators inspected (continued)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The service was clean and well maintained. However, appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service. Unused medicines should be disposed of in line with national medicines legislation and guidance.</td>
<td>Unsatisfactory</td>
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#### Domain 9 – Quality improvement-focused leadership

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<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. However, quality assurance processes and systems must be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.</td>
<td>Unsatisfactory</td>
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The following additional quality indicator was inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records contained initial consultation information including treatments and consent to treatment. Consent to sharing information with other healthcare professionals should be obtained from all patients. All patient care records should be signed and dated by the practitioner.</td>
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</table>
Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

**What action we expect The Aesthetic Clinic by Fiona Sutherland Ltd to take after our inspection**

This inspection resulted in two requirements and 11 recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

The Aesthetic Clinic by Fiona Sutherland Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Aesthetic Clinic by Fiona Sutherland for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were extremely satisfied with the service provided. Patients were provided with information about treatments before a plan of care was agreed. Although the service sought verbal patient feedback, this was not formally reviewed to show how it would help to continue to improve the quality of the service provided.

The clinic promoted the privacy, dignity and confidentiality of its patients. Locks on doors and window blinds in the treatment room ensured that patients’ privacy was not compromised.

The service’s website provided detailed information on the aesthetic treatments available, and costs. We were told patients also used the service based on recommendations from friends and also from reviews on social media sites. The practitioner provided verbal and written information following any enquiries, including information about treatment options, before patients agreed to any treatments.

The service requested verbal feedback from patients following consultations and treatments, and through patients posting feedback on social media sites.

The service had not received any complaints since its registration. The service had recently updated its complaints policy. Patients were able to access information on making complaints on the service’s website.

Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.
What needs to improve

Although the service had a patient participation policy, there was no evidence patient feedback was being evaluated or used to make improvements to the service (recommendation a).

We noted the service did not have a duty of candour policy. This should detail how the service would meet its professional responsibilities to be honest with patients if things went wrong (recommendation b).

- No requirements.

Recommendation a

- The service should develop a more structured approach for recording and evaluating patient feedback, and using the outcomes to improve the service.

Recommendation b

- The service should develop and implement a duty of candour policy.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The service was clean and well maintained. However, appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service. Unused medicines should be disposed of in line with national medicines legislation and guidance.

The clinic area was clean and equipment was fit for purpose. We noted that the correct cleaning products were being used to clean the service. The service continued to implement appropriate infection prevention and control processes to minimise the risk of COVID-19 transmission. For example, the practitioner told us the additional cleaning that had been introduced in response to the COVID-19 pandemic was still being carried out. Patient appointments were still being arranged with gaps between appointments to allow for appropriate additional cleaning to be carried out.

We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment, such as face masks, aprons and gloves, was also available for staff and patients.

The service’s medicine management policy included information on administration, storage, procuring and prescribing of medications. Medicines were kept in the service’s medical fridge and temperature checks were documented. This made sure that medicines were stored at the correct temperature. Where possible, equipment for treatments was single use to minimise the risk of infection.
Emergency medicines were available to respond to any complications or adverse reactions to treatment. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

We noted that bins were available for the disposal of sharps, clinical and non-clinical waste. A contract was in place for the safe removal of sharps and other clinical waste from the premises.

The practitioner was aware of the reporting process to Healthcare Improvement Scotland. We noted that no accidents, incident or adverse events had occurred since the service was registered in 2019.

Feedback from our online survey included the following comments:

- ‘The clinic is immaculate, very comfortable and feels hygienic, private and safe.’
- ‘Pristine cleanliness.’

**What needs to improve**
The service did not have an effective process in place for risk assessment or risk management. All risks to patients and staff in the service must be continuously and effectively managed. Proactive risk management processes must be developed, which include:

- a comprehensive risk register, and
- appropriate risk assessment to protect patients and staff (requirement 1).

During the inspection, we were told the practitioner re-uses opened botulinium toxin for patient reviews. To comply with medicines legislation, national guidance and best practice, once opened, this medicine should be used immediately and the unused contents safely discarded (recommendation c).

We saw no evidence of audit activity carried out in the service. A programme of regular audit should be implemented which, as a minimum, should include:

- medicine management, including checking expiry dates of single-use equipment and medicines
- patient care records, and
- health and safety (recommendation d).
The environment was visibly clean and clutter free, and we were told that cleaning was regularly carried out by staff. However, there was no documented evidence to monitor that appropriate cleaning was taking place (recommendation e).

We saw no evidence of a programme of regular review to make sure policies and procedures were kept up to date, such as if legislation changed. All of the service’s policies were out of date and had no imminent review date (recommendation f).

**Requirement 1 – Timescale: immediate**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

**Recommendation c**

- The service should ensure botulinum toxin is used in line with the manufacturer’s and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

**Recommendation d**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented.

**Recommendation e**

- The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

**Recommendation f**

- The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records contained initial consultation information including treatments and consent to treatment. Consent to sharing information with other healthcare professionals should be obtained from all patients. All patient care records should be signed and dated by the practitioner.

The service used an electronic appointment booking system. All patient care records were all in electronic format and stored on the service’s mobile device. Access to any electronic information was password protected to comply with data protection legislation.

We reviewed five patient care records and saw these contained information about the patient’s initial consultation, including outcomes and proposed treatment plans. We were told treatment costs were available on the service’s website and on social media sites and were discussed during the initial consultation.

Treatment options were discussed and agreed with patients at their initial consultation. Patients were advised of potential risks, benefits and expected outcomes of treatment, including follow-up care. Patients told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

We saw that all patients had consent to treatment forms completed, which included details of the risks and benefits of treatment. Consent was also obtained for taking photographs. A record of treatment and medication batch numbers, including expiry dates for medicines used, were also included in the patient care records.

Patients were given both verbal and email advice after their treatments, including information about contacting the practitioner out of hours if required. We were told patients were given the opportunity to book a follow-up appointment, if they wished. This allowed the service to check that patients were happy with the results of their treatments and were not experiencing any side-effects.
Patients appeared very satisfied with the service and the treatments they had received. Comments from our online survey included:

- ‘The practitioner was extremely knowledgeable and explained everything in detail.’
- ‘It is easy to book online and there isn’t long waiting times at the clinic.’
- ‘The practitioner had a very in depth consultation and helped me decide which treatment was best for me.’

**What needs to improve**
The service was storing and processing patient information electronically and was not registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information (recommendation g).

From the patient care records we reviewed, we found no evidence of patients consenting to sharing information with other healthcare professionals in the case of an emergency (recommendation h).

We noted that not all of the patient care records had been dated, timed or signed by the practitioner (recommendation i).

- No requirements.

**Recommendation g**
- The service should register with the Information Commissioner’s Office.

**Recommendation h**
- The service should ensure consent to share information with other healthcare professionals in case of an emergency is documented in patient care records.

**Recommendation i**
- The service should ensure that all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership
High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. However, quality assurance processes and systems must be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.

The practitioner is a registered nurse with the Nursing and Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years. The practitioner is also part of the British Association of Cosmetic Nurses (BACN), and is a member of a number of aesthetic forums.

Comments from our online survey included:

- ‘The practitioner was extremely knowledgeable and explained everything in detail.’
- ‘I had full confidence....’
- ‘The practitioner is very knowledgeable and very good at explaining in depth before and after the treatment.’
What needs to improve
The service had developed a clinical governance policy to guide and direct continuous quality improvement activities in the service. However, we saw no overarching quality assurance structures in place, and no system for reviewing the quality of the service being delivered. Regular review of the service, such as reviewing patient feedback and outcomes from audits, will help make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 2).

A formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation j).

We saw no evidence to show the practitioner was receiving support or clinical supervision for their professional aesthetic role in the service (recommendation k).

Requirement 2 – Timescale: by 30 September 2022
■ The provider must implement a suitable system of regularly reviewing the quality of the service.

Recommendation j
■ The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation k
■ The service should have a written record of clinical supervision for professional staff.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>None</td>
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<table>
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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>a</strong> The service should develop a more structured approach for recording and evaluating patient feedback, and using the outcomes to improve the service (see page 8).</td>
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</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

| **b** The service should develop and implement a duty of candour policy (see page 8). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

1. The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).

   **Timescale – immediate**

   *Regulation 13(2)(a)*

   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

- **c** The service should ensure botulinum toxin is used in line with the manufacturer’s and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 11).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- **d** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 11).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- **e** The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 11).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- **f** The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance (see page 11).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

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| **g** | The service should register with the Information Commissioner’s Office (see page 13).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **h** | The service should ensure consent to share information with other healthcare professionals in case of an emergency is documented in patient care records (see page 13).  
Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
| **i** | The service should ensure that all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records (see page 13).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

### Domain 9 – Quality improvement-focused leadership

#### Requirement

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| **2** | The provider must implement a suitable system of regularly reviewing the quality of the service (see page 15).  
Timescale – by 30 September 2022 |

*Regulation 13  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
<table>
<thead>
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<tr>
<td><strong>j</strong> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td><strong>k</strong> The service should have a written record of clinical supervision for professional staff (see page 15).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
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## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot